

Application Data Sheet**Application Information**

Application Type:: Regular
Subject Matter:: Utility
Suggested Classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Number of CD disks::
Number of Copies of CDs::
Sequence Submission?:: None
Computer Readable Form (CRF):: No
Number of copies of CRF:: 0
Title:: FLOATING LOWERING AND LIFTING
DEVICE
Attorney Docket Number:: 2001-1376
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure::
Total Drawing Sheets:: 4
Small Entity?:: No
Latin Name::
Variety Denomination Name::
Petition Included?:: No
Petition Type::
Licensed US Gov't Agency::
Contract or Grant Numbers::
Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: USA
Status:: Full Capacity
Given Name:: JACK
Middle Name::
Family Name:: POLLACK
Name Suffix::
City of Residence:: HOUSTON
State or Province of Residence::
Country of Residence:: TEXAS
Street of Mailing Address:: 14855 MEMORIAL DRIVE,
Address:: #2112
City of Mailing Address:: HOUSTON
State or Province of Mailing Address::
Country of Mailing Address:: TEXAS
Postal or Zip Code of Mailing Address:: 77079-2112

Applicant Authority Type:: Inventor
Primary Citizenship Country:: THE NETHERLANDS
Status:: Full Capacity
Given Name:: HEIN
Middle Name::
Family Name:: WILLE
Name Suffix::
City of Residence:: EZE
State or Province of Residence::
Country of Residence:: FRANCE
Street of Mailing Address:: 9, RUE MONTE ST. MICHEL
Address::
City of Mailing Address:: EZE

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: F-06360

Correspondence Information

Correspondence Customer

Number::

00466

Representative Information

Representative Customer

Number::

00466

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/EP2003/008066	7/21/03

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
EUROPE	02078127.4	7/30/02	Yes

Assignment Information

Assignee Name:: SINGLE BUOY MOORINGS, INC.

Street of Mailing 5, ROUTE DE FRIBOURG

Address::

City of Mailing Address:: MARLY

State or Province of Mailing Address::

Country of Mailing Address:: SWITZERLAND

Postal or Zip Code of Mailing Address:: CH-1723